

MOBILE FEB 18 1949

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1163  
Registrar's No. 123

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 3720 Main Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution All his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alfred T. Hawk

3. (b) If veteran, No  
name war. No  
3. (c) Social Security None  
4. Sex Male 5. Color of White 6. (a) Single, widowed, married, divorced. Married  
6. (b) Name of husband or wife Mrs. Ella M. Hawk 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased May 11 1884  
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 26 If less than one day  
hr. min.

9. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Own business

11. Industry or business

MOTHER FATHER { 12. Name Ephram Hawk  
13. Birthplace Penn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Kathryn Thompson  
15. Birthplace Penn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella M. Hawk

(b) Address 3720 Main Street

17. (a) Burial (b) Date thereof 1/9/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director R. V. Lindsey & Sons

(b) Address 3811 Broadway

19. (a) Jan 9 1941 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3720 Main Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7th  
year 1941 hour 9:30 A.M. minute 0 M.

21. I hereby certify that I attended the deceased from Sept 1 to Jan 7  
that I last saw him alive on Jan 6 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial regurgitation over 1 yr

Due to 92 B

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature S. W. Fair (M. D. or other)  
Address 4042 W 75 Date signed 1/7/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

....., Registered Apprentice No. ....

Signed.....

Licensed Embalmer No. ....

P. O. Address .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**